

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
MAY 13 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0091
Date: 5-20-13
Amount Paid: \$390
Refund: 5-13-13
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Laurie A Lyons</u>	Mailing Address: <u>43835 Co Hwy D</u>	City/State/Zip: <u>Calc, WI 54821</u>	Telephone: <u>715 798-4216</u>
Address of Property: <u>same as above</u>	City/State/Zip: _____	_____	Cell Phone: <u>651 276-1199</u>
Contractor: <u>self</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: <u>794-2285</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-034-2-43-06-14-2 00-227-58000</u>	Recorded Document: (i.e. Property Ownership) <u>1092</u> Page(s) <u>179</u>
Section <u>14</u> , Township <u>43</u> N, Range <u>6</u> W	Gov't Lot _____	Lot(s) _____	Subdivision: <u>Namakagon Lake Shore</u>
_____	CSM _____	Vol & Page _____	Lot Size _____
_____	_____	Lot(s) No. <u>57+</u>	Block(s) No. <u>E75 of 58</u>
_____	_____	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Distance Structure is from Shoreline: <u>75</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distance Structure is from Shoreline: _____ feet	_____
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	_____

Value at Time of Completion * include donated time & material <u>\$130,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Manard</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	_____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____	_____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>52'</u>	Width: <u>30'</u>	Height: <u>80'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>52</u> X <u>30</u>)	<u>1,570</u>
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> with a Porch	(<u>18</u> X <u>56</u>)	<u>188</u>
	<input type="checkbox"/> with (2") Deck	(<u>14</u> X <u>14</u>)	<u>196</u>
	<input type="checkbox"/> with (2") Deck	(<u>18</u> X <input type="checkbox"/>)	<u>148</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
<u>MAY 20 2013</u>	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	_____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
an (are) responsible for the detail and accuracy of all information (i) we are (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Laurie Lyons
(If there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5-10-13

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach Copy of Tax Statement ☒

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

lots are fused

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	83 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from Wetland	75 Feet
Setback from the South Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	40 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	300+ Feet		
Setback to Septic Tank or Holding Tank	11 Feet	Setback to Well	N/A Feet
Setback to Drain Field	Mound		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

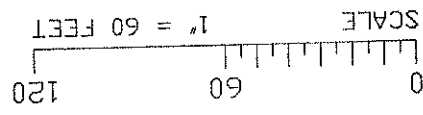
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425040	# of bedrooms: 2	Sanitary Dates: 9-26-03
Permit Denied (Date):	Reason for Denial:	Revised 7-13-06		
Permit #: 13-0091	Permit Date: 5-20-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Will staked. Metcalf setbacks.				
Date of Inspection: 5-15-13	Inspected by: M. Funtals	Zoning District (RRB)	Lakes Classification (1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
Signature of Inspector: Michael Stutzel		Date of Approval: 5-28-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

EXISTING SITE CONDITIONS OF A PORTION OF 43835 C.T.H. "D" MAP

DECEMBER 2012

SHEET 1 OF 1



LEGEND

- BM ▲ BENCH MARK
- == EDGES OF TRAVELED PORTION OF ROAD

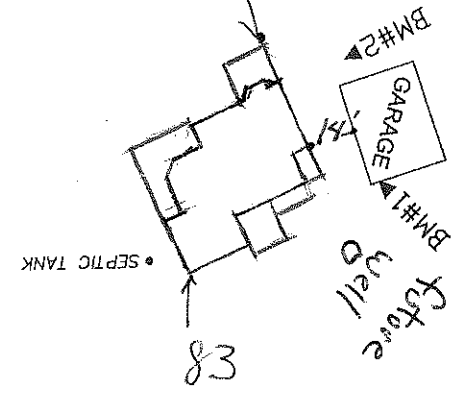
ON-SITE BENCHMARKS

- (ASSUMED BASIS)
- BM #1 Top of concrete slab of garage - East side of Easterly 10 foot wide garage door. BM #1 Elev. 100.00
- BM #2 Top of 1 1/2" iron pipe with cap BM #2 Elev. 102.16

SURVEYOR'S NOTES:

1. NOT ALL MAN MADE FEATURES HAVE BEEN SHOWN ON THIS MAP. ONLY ENOUGH HAS BEEN SHOWN TO HELP THE VIEWER TO GET A PERSPECTIVE OF THE SITE.
2. PROPERTY BOUNDARIES WERE NOT DETERMINED OR LOOKED FOR AS PART OF THIS PROJECT.

LATHE AT ELEVATION 94.52



FIRE #43835

C.T.H. "D"

Survey Co.
I RLS

527

LOCATION OF ORIGIN OF ORDINARY HIGH WATER
MARK - DETERMINED BY OTHERS. Elev. 94.52

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd (Received)
MAY 13 2013
Bayfield Co. Zoning Dept.

Permit #: 13-061
Date: 5-24-13
Amount Paid: \$185
Refund: 5-13-13
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Steve & Ann Miller	Mailing Address: 12490 Blaney Ave W Rosemount, MN 55068	City/State/Zip: _____	Telephone: 651 423-5327
Address of Property: Helm Pt Rd	City/State/Zip: Cable, WI 54821	Contractor Phone: _____	Cell Phone: 642 280-9424
Contractor: self	Agent Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip): _____	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) 04-034-2-43-06-17-46-5-001-50000	Recorded Document (i.e. Property Ownership) Volume 1097 Page(s) 131	
Section 17, Township 43 N, Range 6 W	Lot(s) 5	Subdivision: _____	Acres: 4.030

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: 115 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------	------------------------------------------------	-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Value at Time of Completion * include donated time & material \$500	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	(New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____		
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation		

Existing Structure: (if permit being applied for is relevant to it)	Length: 20'	Width: 12'	Height: 8'
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(12' x 20')	240
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Porch	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date) _____	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) _____	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	()	
MAY 24 2013	<input type="checkbox"/> Conditional Use: (explain) _____	()	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steve Miller Ann Miller Date 5-10-13
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above
Copy of Tax Statement ☒

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

See attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	500 ± Feet	Setback from the Lake (ordinary high-water mark)	110 ± Feet
Setback from the Established Right-of-Way	500 ± Feet	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	100 ± Feet	Setback from Wetland	130 ± Feet
Setback from the South Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the West Lot Line	90 ± Feet	Elevation of Floodplain	N/A
Setback from the East Lot Line	250 ± Feet		
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	15 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0101		Permit Date: 5-24-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record	i will stake. Metal all setbacks			Zoning District	(R1B)		
Date of Inspection:	5-23-13	Inspected by:	J.M. Truck	Lakes Classification	(2)		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
May not be used for human habitation.							
No water under pressure in structure.							
Signature of Inspector		Michael Buda			Date of Approval: 5-24-13		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

servicing contract

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No.	County Permit No.	
Property Owner's Name Steve & Ann Miller				Bayfield		
Address of Property XXX Helm Pt. Rd.				Property Location: 1/4 S 17 T 43 N, R 6 E (or) W		
Property Owner's Mailing Address 12490 Blaine Ave. W				Township Nauvokagon		
City, State Rosemount, MN 55068		Zip Code 55142	Phone Number 423-5327	Lot # 5	Block #: V. 7, P. 66	
II. TYPE OF BUILDING: (Check One)				Parcel ID	Subdivision Name or CSM #:	
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose RV) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms RV				Tax Number(s): 04-034-2-43-06-17-4	05-001-50000	
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)						
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor						
1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)						
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____						
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above						
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)						
<input checked="" type="checkbox"/> Portable Privy (RV Leach Leach Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet						
V. ABSORPTION SYSTEM INFORMATION:						
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)
VI. TANK INFORMATION:						
	Capacity In Gallons					
	New Tanks	Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Exper. App.
Septic Tank or Holding Tank						
Lift Pump Tank / Siphon Chamber						
VII. RESPONSIBILITY STATEMENT:						
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.						
Plumber's / Owner's Name: (Print) Steve & Ann Miller				Plumber's / Owner's Signature: (No Stamps) [Signature]		
Plumber's Address: (Street, City State, Zip Code)				Home Phone: _____ Business Phone: _____		
VIII. COUNTY / DEPARTMENT USE ONLY						
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: \$50		Date Issued: _____
Owner Given Initial		Adverse Determination		5-13-13		Issuing Agent's Signature / Date: M. Fuchs 5-24-13
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:						

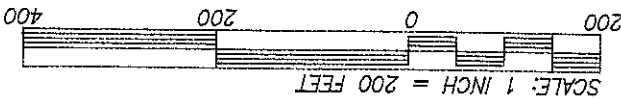
Must be serviced as required per servicing contract.

RECEIVED
JUL 21 2000
Bayfield Co. Zoning Dept.

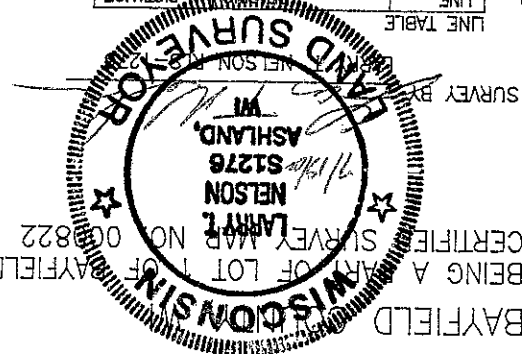
VOL. 7 of 10 PAGE 1000
Otto Korhela
REGISTER OF DEEDS
00 JUL 26 AM 11 17
REGISTER'S OFFICE/S.S.
BAYFIELD COUNTY, WIS.
458530

LEGEND
● FOUND 1" IRON PIPE
○ 1-1/4" X 24" IRON PIPE SET THIS SURVEY
WEIGHING 1.68 LBS./LIN. FT.

BEARINGS ARE BASED ON THE SOUTH 1/2 OF THE
EAST LINE OF SECTION 17 BEARING S 04°30'16" W.



LINE	BEARING	DISTANCE
L1	S 31°06'19" E	29.35'
L2	S 66°00'00" W	49.82'
L3	S 41°00'00" W	68.00'
L4	S 43°00'00" W	47.22'
L5	N 85°50'52" E	126.51'
L6	N 53°05'46" E	40.92'
L7	N 88°34'47" E	64.20'
L8	N 62°21'18" E	53.96'
L9	S 34°14'12" E	53.16'
L10	S 47°14'16" W	58.82'
L11	S 14°25'59" W	53.90'
L12	S 04°53'46" W	87.44'
L13	S 40°08'15" W	98.21'
L14	S 18°12'29" W	98.84'



BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1102
LOCATED IN GOVT. LOT 1, SECTION 17, T. 43 N.,
R. 6 W., IN THE TOWN OF NAMAKAGON
BEING A PART OF LOT 1 OF BAYFIELD COUNTY
CERTIFIED SURVEY MAP NO. 000822

CLIENT: J & P. OLSON

JOB NO: 74/00
SCALE: 1" = 200'
DATE: JUNE 7, 2000

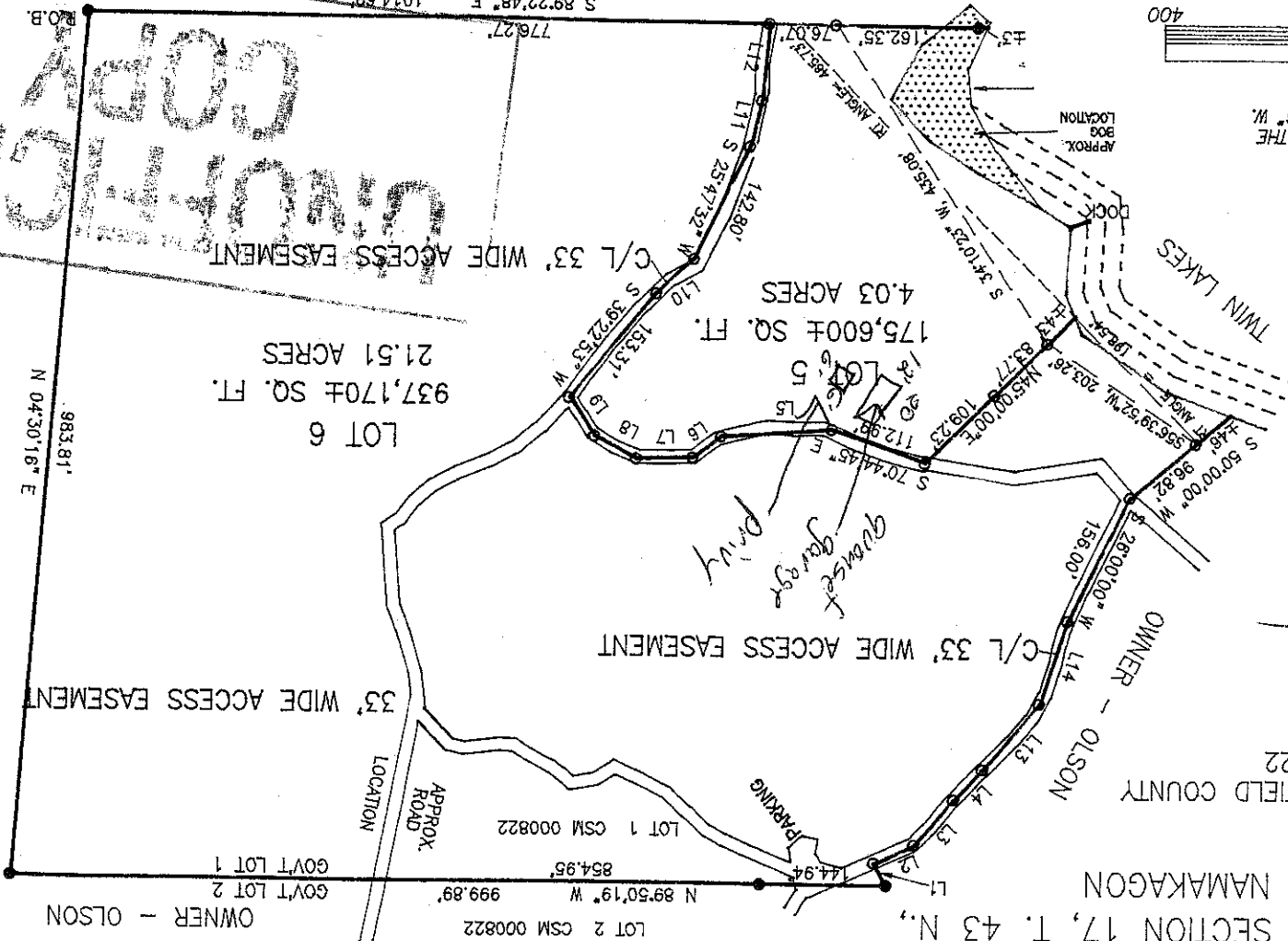
DRAFTED BY: JRN
DISK: T4JNR6W
FILE: HELMREVS.DWG / 17436.CRD
NB.289/PG.95
SHEET 1 OF 3

NELSON
SURVEYING
INCORPORATED

101 W. MAIN STREET
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100

C.S.M. NO. 1017B

OWNER - LAMOTT



BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1102

pd 1400 Nelson Surveying

Steve D Miller (Ann)

66